



DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY	
Date Received:	Remittance #:
Date Reviewed:	7C790-178
Date Approved:	Amount Received:
License Number:	Fiscal Year:
Date Issued:	Date Mailed:

ASBESTOS LICENSING SECTION

6610

800/572-5548 512/834-

ASBESTOS TRAINING PROVIDER LICENSE APPLICATION

A license is required for asbestos training providers in accordance with 25 TAC §295.31-73. The annual fee of **\$500.00** must accompany the application. Send a **cashiers check or money order** payable to the "Texas Department of Health - 7C790-178." **DO NOT SEND CASH.**

Please type or print all requested information in the spaces below and submit all required documentation as listed on the back side of this form. Applications will not be processed until all necessary documentation has been provided. **LICENSE FEES ARE NON-REFUNDABLE.**

Name of Organization		Telephone No.	
		()	
Mailing Address Code	City	State	Zip
Physical Address (if different from above) Code	City	State	Zip

The following documentation must be provided in accordance with §295.39, §295.55 and §295.65 of the Texas Asbestos Health Protection Rules:

- ___ 1. For Texas Corporations, a copy of the certificate of good standing from the State Comptroller of Public Accounts stating that all franchise taxes due, have been paid, or a letter of exemption (issued by same office).
- ___ 2. For foreign or out-of-state corporations, a copy of the certificate from the Texas Secretary of State authorizing the conduct of business in this State in accordance with §295.39 (e)(1).
- ___ 3. Qualification for licensing in accordance with §295.55 (d).
- ___ 4. A course schedule and an example of course certificate(s) in accordance with §295.55 (e)(2) and (e)(3).
- ___ 5. Resume and qualifications for each instructor in accordance with §295.55(f).
- ___ 6. At least three (3) professional references for each instructor in accordance with §295.55 (f)(2).
- ___ 7. Application information in accordance with §295.65 (d).

APPLICATIONS WILL NOT BE CONSIDERED UNLESS THEY ARE SIGNED BY APPLICANTS, ALL QUESTIONS ARE ANSWERED, AND ALL DOCUMENTATION IS SUBMITTED. THIS FORM SUPERSEDES ALL PREVIOUS EDITIONS.

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CERTIFICATION: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, I have read and understand them, and agree to comply with them. I also understand that it may be a second degree felony to submit any forged or fraudulent documents in order to obtain a license (Texas Penal Code 3710) and that the maximum penalty is twenty (20) years in prison and a \$10,000 fine. I acknowledge that any falsification or misrepresentation will result in the denial of my application and that all information I have provided is correct, complete and true to the best of my knowledge.

Signature of Company Officer	Date
Name and Title of Company Officer (type or print)	

IMPORTANT

- * Mail this application and other required documentation to the attention of: Asbestos Trainer Licensing Section, Toxic Substances Control Division, Texas Department of Health, P.O. Box 141097, Austin, Texas 78714-9200.
- * Applications will be processed in the order that they are received.
- * Applicants submitting course schedules will not receive priority with the processing of their applications.
- * If your application is complete, allow a minimum of thirty (30) days for processing.
- * Within 30 days of receipt of your application, a "Deficiency Notification" form will be sent if additional documentation is required or errors are contained in your application. You will have ninety (90) days from the date on the "Deficiency Notification" to complete your application. If the required deficiency information is not received in the specified time period, your application will be denied due to abandonment in accordance with §295.38(e)(2)(A) & (B) of the Texas Asbestos Health Protection Rules].
- * An applicant for a new training provider's license shall not conduct any asbestos courses in the State of Texas **FOR ANY REASON** until a license has been issued by the Texas Department of Health.